

EXPENSE REPORT

ModivCare (formerly LogistiCare)
Meals/Lodging Reimbursement Questions: 1-866-379-5228
Gas Reimbursement/Claims: 1-800-930-9060
(TTY: 1-800-735-2900)

Mail completed form to:
ModivCare (formerly LogistiCare)
Attn: Travel Dept./Air Ops
4615 E. Elwood St. Suite 300
Phoenix, AZ 85040

Reimbursement Check Should be Made Payable to:

NAME: _____

RELATIONSHIP TO MEMBER IF NOT SELF: _____

MAILING ADDRESS (City/State/Zip): _____

Medicaid Member Information:

MEMBER NAME: _____

PACIFICSOURCE MEMBER ID NUMBER: _____

NAME OF ESCORT (IF PRIOR APPROVED): _____

MODIVCARE AUTHORIZATION/TRIP NUMBER: _____

IMPORTANT: Meals and lodging must be prior approved. Form must be filled out completely in order to receive reimbursement. All receipts must be received no later than 45 days after the last appointment. Receipts received after the 45-day period will not be processed. You must provide original receipts and keep a copy for yourself. No reimbursement will be made for copies or lost or misplaced receipts. Maximum daily amount for meals is [\$9.00 for breakfast, \$10.00 for lunch and \$15.00 for dinner.] Maximum amount for lodging is up to [\$110/night], travel must start before 5:00 a.m. and if the travel from the appointment to home ends after 9:00 p.m. Receipts for ALL meals or lodging must be sent with this Expense Report. Please put an X in the appropriate areas and the totals.

Date Range:	SUN	MON	TUES	WED	THURS	FRI	SAT
Breakfast (Travel must begin before 6 a.m.)							
Lunch (Travel must span entire lunch period, from 11:30 a.m. -1:30 p.m.)							
Dinner (Travel must end after 6:30 p.m.)							
Meals Total:							
Lodging							
Grand Total:							

Prepared by: _____

Total Amount: \$

Approved by: _____

Do not write in this space.

Total to be paid: _____

Total amount for this invoice: _____

Batch #: _____

Batch date: _____

Usted puede recibir este documento en otro idioma, impreso en una letra más grande o de otra manera que sea mejor para usted. También puede solicitar un intérprete. Esta ayuda es sin costo. Llame al 800-431-4135 o por TTY al 711. Aceptamos llamadas del servicio de retransmisión.

You can get this document in another language, large print, or another way that's best for you. You can also request an interpreter. This help is free. Call 800-431-4135 or TTY 711. We accept all relay calls.